THE Canadian Hospital

A Monthly Journal for Hospital Executives

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IN THIS ISSUE—

THE Canadian Hospital

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Does Your Hospital Hold Staff Conferences?

The value of the staff conference was discovered years ago by enterprising business firms. Their object was to bring the younger and less experienced members of the staff into contact with the older members whose experience might benefit them. On the other hand, these younger members were able, as a result of their youthful enthusiasm, to have a corresponding effect on the older members. The idea that lay behind these conferences when they were first instituted, was to give those in attendance the opportunity to bring up for discussion problems and questions that might be settled by conglomerate opinion. In the discussions, points were brought up that were of interest to the gathering;points of routine discussed and in some cases revised to keep step with the march of time;grievances aired and settlements made, plans for co-operative measures decided upon, and orders from the executive made public. The result was that a feeling of "esprit de corps" was fostered; each and every member of the conference felt that his or her opinion carried weight, grievances that might otherwise have smouldered and eventually broken out into open rebellion, were given the light of day and explained away to the satisfaction of everyone. There was a psychological side to the matter also. By allowing every member of the conference to voice his opinion, nay, by requesting it, you have given that person the opportunity to convince himself that he is considered an indiviual, and not a machine. The effect achieved is surprising.

Have you applied this business practice to your hospital? It is every bit as feasible and every bit as necessary. In fact, grave mistakes and losses may occur to the hospital which does not give to those who are entrusted with the operation of the institution an opportunity to talk over their difficulties, explain their problems, make suggestions, and ask advice. The executive who is constantly "in conference" has his parallel in the hospital administrator who never gives his staff an opportunity to come to grips with him on problems. Convince the nurses, the internes, the orderlies, and the general help that their opinion counts for something, and you have loyal employees, whose loyalty may be depended upon in emergencies as well as the ordinary routine of the day.

Each hospital will necessarily be obliged to work out its conference plans to suit its own needs. There are hospitals whose staff is so large, that a general meeting is too unwieldy, and whose routine makes it almost impossible to talk to all at the same time. The general meeting is really the most productive of results, as there are more opinions to be consulted, and no one feels left out. If they can be called without sacrificing efficiency and workability, they are advisable. If it is found that there must necessarily be some absent, several should be appointed whose duty it is to report to them the business discussed, and the conclusions reached. The minutes of the meeting might be posted, space left for the initials of those absent, and comments requested. Where decisions concerning the staff in general or any section of the staff are concerned, those involved should be given the opportunity to vote. That is perhaps the surest way of pleasing the majority and keeping peace. If general meetings cannot be called for all conferences, at least one general meeting should be called each month.

Now let us consider the large hospitals whose staff are spread over a vast area and whose duties would not allow for general conferences. Under

those circumstances, sub-conferences are the answer. Let the staff be divided into sections—the nurses, the medical staff, the internes, the orderlies, the general help, or in any other workable manner you consider expedient. Sub-conferences embracing each division might be arranged, at which problems concerning their duties and problems could be discussed, and in the event of there being problems concerning other groups, representatives might be appointed to discuss the matter with similar representatives from the groups in question. In this way, decisions will be reached that will be fair to all concerned. In fact, representatives from all groups should be elected from time to time, so that in the event of there being a problem which involves the entire staff, the administration may call on these representatives immediately. Conferences of sub-committee representatives might be held from time to time to talk over matters which are general.

A multigraphed or mimeographed bulletin issued once a month, or once a quarter, which would present a "bird's-eye view" of the month or quarter preceding will be found to stimulate interest.

How often should these meetings be called? That must be decided by each hospital. In institutions where the administration can supervise the whole routine without moving out of their offices, there is not so much need for frequent conferences. But where the administration could never make a survey in less than a week, then the frequency of the conferences should be greater. Daily reports from the chairman of each group will indicate to you when a conference is necessary, and who should be included. For the small hospital, the general conference may be found the best solution, taking less time and organization and requiring more infrequent meetings. For the larger hospital, sub-committees, meetings of all sub-committee representatives, daily reports, and the general meeting from time to time if possible, seem to be the necessary routine.

This question of staff conferences was discussed at some lenth in the March 30th issue of the Journal of the American Medical Association, and we quote the following paragraph:

"Another interesting problem is the proper development of the hospital staff conference. This should be the occasion when the hospital staff takes stock of the character and value of the work being done in the institution. In such conferences all deaths occurring in the hospital are given careful consideration to ascertain whether the treatment ordered was justified, and whether it was properly applied. In some large hospitals such conferences are held daily, usually at noon time, when special attention is given also to the so-called danger line cases. A daily consultation is held, wherein the combined judgment and skill of the entire staff are concentrated toward the welfare of the patients who are hovering between life and death. The great importance and necessity of such conferences can easily be appreciated."

The above paragraph should open up vistas of the benefits which might accrue from these conferences, and the uses to which they might be put.

International Catholic Guild of Nurses to Convene in Montreal

The fifth annual convention of the International Catholic Guild of Nurses is to be held on July 5, 6 and 7, at Montreal, Quebec, with headquarters at the Mount Royal Hotel. An attendance of about 1,500 is expected. A large proportion of these will be hospital superintendents, superintendents of nurses, instructresses of nurses, purchasing agents and other executives and departmental heads.

Interesting exhibits will be on view during the convention that should be of interest to those connected with hospitals. An invitation has been extended to a selected list of accredited firms engaged in the manufacture or merchandising of hospital and nursing supplies to demonstrate and explain the advantages of their products. For the heads of hospital departments the exhibits should be of particular interest, and an opportunity will be given to meet personally the representatives of the exhibiting firms. The contacts should be of mutual interest and value. The management of the hotel will be responsible for all exhibits, and will arrange to have those from the United States come in on bond and thus be free of duty.

The officers of the International Guild of Catholic Nurses are as follows: President, Miss Lyda O'Shea, Chicago, Ill.; 1st Vice-President, Miss Esther Tinsley, Pittston, Pa.; 2nd Vice-President, Miss Mae E. Coloton, Cleveland, Ohio; Recording Secretary, Miss Mary C. Looby, Chicago, Ill.; Corresponding Secretary, Miss Cecilia Gannon, Cincinnati, Ohio; Treasurer, Miss J. O'Connor, Louisville, Kentucky; General Spiritual Director of the Guild, Rev. Edward F. Garesche, S.J., M.A., LL.B., New York City.

For those wishing to get in touch with headquarters, address communications to the Executive Secretary, Miss Margaret Molloy, International Headquarters, Suite 142, 430 South Michigan Avenue, Chicago, Ill.

Offers Course in Male Nursing

The Victoria General Hospital, Halifax, Nova Scotia, is one of the few hospitals which offer a course in nursing to males that is the counterpart of that offered to women. According to the officials of the hospital in question, it was the first to offer this course, the Training School having been instituted in 1890. A few hospitals in the United States are now offering a course to men. The course for males offered by the Victoria General Hospital is of two and a half years duration, the men taking exactly the same course as the women except as to the treatment of women patients, in which field they would never, of course, be employed. Not only has this feature of the Training School justified itself in the nursing field in supplying a manifest need, but it has also helped well-qualified, ambitious men to pursue further educational studies. The superintendent in charge of the hospital is Mr. W. W. Kenny.

Hospital Problems in Cities and Large Towns

By JAMES GOVAN
Consulting Architect, Toronto, in Association with
B. EVAN PARRY
Royal Architectural Institute of Canada, and Supervising Architect,
Department of Pensions and National Health, Ottawa

The one pertinent fact that interests most people, whether they pay any attention to the hospital trend or not, is that the cost of being sick is not getting any less.

And that applies to rich and poor, and to the neither rich nor poor, alike, because even free hospital service does not replace lost earning power, and government and municipal tax money used for hospital indigent grants means that there is less money available for other social and constructive purposes that might be of even greater permanent benefit to the poor than our present-day begrudged and belittling indigent hospital service.

The cost trend of the care of the sick then being upwards, what hope is there of preventing its too-rapid increase and of getting greater benefit to the majority of the people out of the money we do spend?

So far as hospitals are concerned the answer to that question lies in the developmnet of facilities and services that will tend to shorten the time of hospital bed occupancy per patient and to spread knowledge on "How to keep out of hospital."

The more our hospitals become health centres instead of disease centres, then the quicker we will control the cost of being sick.

Portrait by Milne Studio

MR. JAMES GOVAN
Hospital Architect
Toronto

It is a most striking fact that where hospitals have not kept up-to-date in providing scientific aids to diagnosis and where the administration has been careless or slack, the use of the hospitals during the past ten years has not increased, and in some cases has even decreased. That applies to communities where there has been no decrease in local population and even where there has been an increase. On the other hand, other hospitals in districts with practically stationary population have promoted a very marked increase in hospital use by providing the necessary diagnsotic aids for the doctors, and generally keeping abreast of scientific hospital development.

The conclusion to be drawn from that fact is that the cost of building and the cost of maintaining a modern, scientifically equipped hospital is so high, that the boarding house type of hospital is merely a drain on the financial resources of a community.

In our largest cities then, we may expect to see the development of large medical health or diagnostic centres, that will become the workshops of medical authorities inspired with the will to keep people well rather than to take care of the actually sick.

In some of our cities, such as Toronto for instance, where hospitals of all kinds have already been developed extensively in every direction, the creation of a unified health centre will become increasingly difficult, unless the public makes emphatic demand for the benefits that would accrue.

In hospital work as in civic and government administration, the public gets just what it creates.

Of recent years competitive campaigns for hospital building funds have, in several instances, not been any too successful, and I am inclined to think the lack of response to the appeals is due to a suspicion that there is something wasteful in our present hospital system.

There is no doubt that a considerable part of the present high cost of sick care can be attributed to duplication of effort and facilities. Take any city or town in Canada with more than one hospital, why should there no be more co-operative buying of everything used in the hospitals?

Of course, if the matter is left to hospital officials, hospital boards and hospital doctors, the development will naturally and inevitably be towards more individual units, and that means more individual purchases, duplicated services and higher administration costs.

But if the public, who pay the price, either in direct personal hospital bills or in increased munici-

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New Wing of St. Catharines General Hospital Formally Opened

The new wing and Administration Building of the St. Catharines General Hospital were formally opened on Saturday, January 19th, by His Honour the Lieutenant-Governor, W. D. Ross. The generosity of the citizens and ex-citizens of St. Catharines made the building of the new wing possible, a drive for funds in the fall of 1926 having netted $223,000. The Administrative Building is the outcome of a gift of $25,000 from Mr. Daniel Mills of Montclair, N.J. This serves as a connecting link between the old and the new wings, and adds symmetry and balance to the architectural features.

The new wing consists of four floors. On the ground floor are the operating rooms for emergency cases, the admitting rooms and the detention department. In addition, there is a twelve-bed ward for male medical cases, and a complete X-Ray and physiotherapy department. The drug room and the laboratory are situated on the ground floor also, and the latter boasts the latest and most modern equipment.

The first floor has been divided into two distinct sections. One houses the children's department, one side of which is glass partitioned into twelve cubicles for infants. In the other section are five two-bed wards, four private rooms and ten-bed ward for female medical cases. Private patients are accommodated on the second floor, there being sixteen beds in all. In addition, there is a sunroom and nursery.

The third floor is reserved for obstetrical cases. Provision has been made for the use of the second floor for private obstetrical cases as soon as the service grows. There are at present seventeen obstetrical beds on the third floor, a nursery and a complete set of delivery rooms. These are divided off from the rest of the floor and consist of two delivery operating rooms with sterilizing room between, two waiting rooms opening into the delivery rooms, a room for the doctors and another for the nurses.

This new wing gives the hospital fifty adult beds, twenty-two children's beds, and thirty-three bassinettes. The hospital is now a 185-bed institution.

All modern hospital improvements have been incorporated in the new wing. There is running water in every room and ward and telephone connections in private rooms. Instead of ceiling lights, there is floor lighting. Each bed is equipped with a goose-neck stand lamp which is adjustable for

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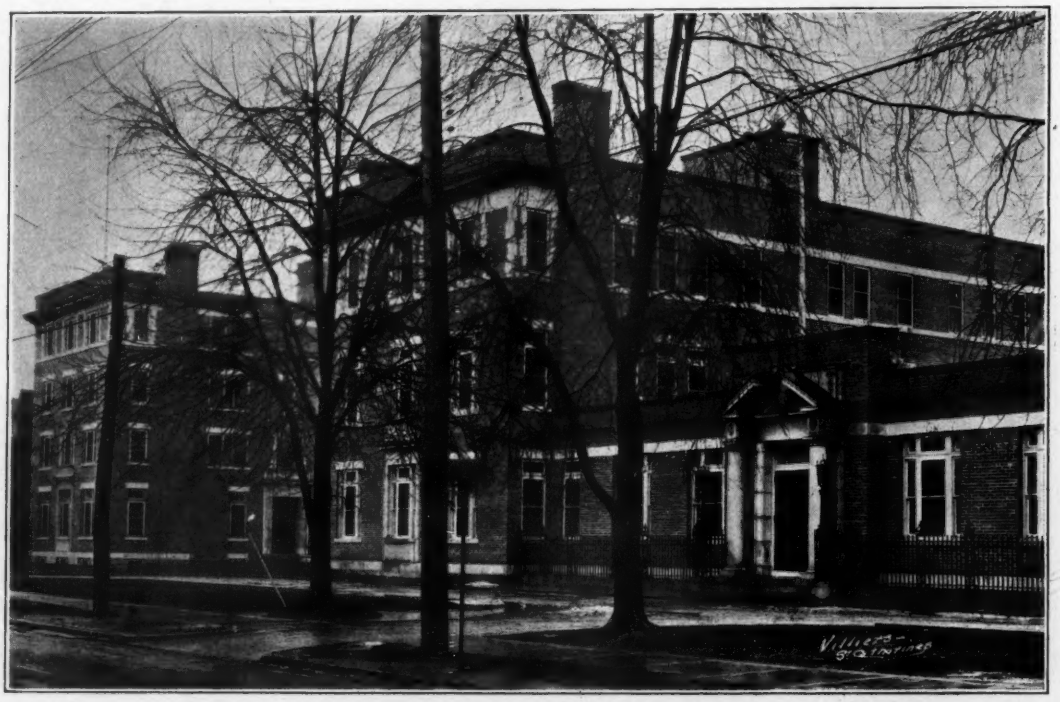

General Hospital, St. Catharines, Ont.
Administration Office in foreground, New Wing and Leonard Nurses' Residence

Waiting Room in Administration Building, General Hospital, St. Catharines, Ont.

Diet Kitchen, General Hospital, St. Catharines, Ont.

Proper Organization the Basis of Efficient Hospital Administration

By DR. MALCOLM MacEACHERN, M.D., C.M. D.Sc., Chicago
Director of Hospital Activities, American College of Surgeons

PART II.

The statement that hospital service costs more than a few years ago is a fallacy. While hospital costs have really advanced 75 to 80 per cent., or even more in some instances, charges to patients have not increased more than 50 to 60 per cent. on the average, but the patient of to-day remains in the hospital for a much shorter period, thus making the aggregate cost not any more than formerly. A large number of hospitals show that the average day's stay of patients has been reduced from 25 to 50 per cent. in recent years. Undoubtedly the same condition will prevail in the future. While a patient may pay more per day than formerly, it must be remembered that owing to the shortened day's stay the aggregate amount may not be more and perhaps even less.

The best solution of the problem of caring for the patient of moderate means is answered by reference to the Canadian system of liberally subsidizing hospitals on a per capita basis by the provincial government and the municipality thus creating a substantial sum to meet the cost of service to patients who cannot pay the whole cost of hospital service. An alternative to this would be through endowments. The increasing of endowments is a matter that should have consideration in the future. Attention should also be directed towards the elimination of extras on patients' accounts. So far as possible all services should be covered in a flat charge, as extras are not only annoying to the patient but frequently the source of lost revenue. The future, therfore, will see consideration given to a more permanent method of hospital financing with an effort made to have all institutions self-supporting with a preservation of maximum efficiency.

Control of Professional Work

No hospital can make scientific progress without a well-organized medical staff of ethical, competent doctors functioning in a proper manner. This presupposes careful extension of hospital privileges to doctors and selection of medical staffs. While there are various forms of staff organization there must be an underlying principle and that is definite control of the professional work of the hospital so as to keep it on the highest basis of efficiency possible. At present this is very loose in most institutions and particularly in the so-called "open" hospital. The day has passed when the clinical work of a hospital can be carried on without supervision and control. The hospital of the future must face this problem fairly and squarely and see that every patient is assured a square deal scientifically. The policy of chief of staff or heads of departments may be the effective solution if the person so appointed has the real stamen and backbone to carry out the responsibilities without fear or favour.

Address read before the Ontario Hospital Association Convention, Toronto, October 18, 1928.

Personally I am fully convinced that the day of the so-called "open" hospital is drawing to a close unless there is better control of the clinical work. Undoubtedly environmental control could have considerable effect through strong leadership. Clinical standards, case records, proper use of diagnostic and therapeutic facilities, staff conferences, consultations, post mortems and other factors carried on in the present day are transforming hospitals, but these themselves can be made more effective in the future hospital through good leadership and organization. The policy of the medical or clinical director in hospitals is receiving more favour and probably will have better recognition in the future hospital. At any rate we must conclude that at present the clinical activities of most hospitals are not sufficiently controlled and supervised and that in the future hospital definite steps must be taken in order to insure results consistent with the rapid advances in the science of medicine.

Nursing Situation Satisfactory

Nursing appears to be very well stabilized in Canada. The future I feel sure will protect and possibly increase present-day standards. It would seem apparent that the three-year course will be a minimum and within the near future high school graduate will be the primarily educational requirement. The future will see closer affiliation of the larger school of nursing with the universities as nursing education becomes more and more recognized. Such affiliation will promote leadership and better executive personnel. The time is not far distant, apparently, when there will be a decrease in the number of schools of nursing, particularly those attached to the smaller institutions which find it impossible to provide the necessary all-round training without extensive affiliation. This will mean that the nursing service in a large group of hospitals will be provided by graduate personnel. Economic conditions are vastly affecting hospital service and causing increased attention to be given to group nursing or the caring for two or three patients by one nurse simultaneously with the present distribution on a pro rata basis. This appears to be a perfectly natural policy to adopt. The general acceptance of such a practice may modify present-day hospital planning and construction as already observed in a few of the more recently constructed institutions. The intensifying of the nursing load in recent years through the transportation of hospitals to intricate, complicated scientific institutions with a large turnover of patients makes it necessary to greatly increase the ratio of nurses to patients. While ten to fifteen years ago one nurse to every five or six patients met the demands

fairly well, to-day a much higher ratio is required. In the future a ratio of one nurse to every one and one-half to two patients will not be excessive. This in the current distribution would mean approximately one nurse to every six or eight patients when on duty, considering the eight-hour period of service, time off for meals, classes, illnesses, holidays and leaves of absence. Good bedside care of the patient means so much to the end results desirable and obtainable. We must, therefore, look forward to higher standards of admission, nursing education, university affiliation, increased ratio of nurses to patients, and a solution of the economic aspect of nursing service from the standpoint of the patient, possibly through group nursing or a similar plan.

It is now fully realized that the trained social worker co-operating with the doctor in attendance on the patient is of valuable assistance in diagnosis, treatment, follow-up, and the more intelligent appraisal of end results—not to say anything of the many advantages directly to the general welfare of the patient and to the more efficient administration of the hospital in rendering its fullest community service.

The clinician cannot ignore the social aspect of his patient, and should when necessary require a social history on patients passing through his service with all the findings before, during, and after hospitalization incorporated in the record. He is not finished with the patient when the hospital period is over, the account paid, or the compensation adequately adjusted. His responsibility and interest in the patient should extend further than the exit door of the hospital. There must be a continuous, systematic follow-up in order to stabilize the scientific results established while the patient was in the hospital. Here the trained social worker is brought into active co-operation with the doctor through a well-organized follow-up.

Functions of the Social Worker

The social worker has many relations and functions in a hospital. She has an important threefold relation —to the doctor, to the patient, and to the hospital administration. Her activities are varied and numerous. Her status, functions, and relations must be definitely established and maintained. To this end, there is need for adequate organization of the social service department in every hospital endeavouring to carry on this work. This organization requires the active co-operation of the chief executive officer and heads of departments constituting the hospital personnel. It requires the interest and support of every doctor on the medical staff. The work will only succeed in so far as the social service department is closely and actively interwoven with all the other activities of the institution.

This is the period of medicine and hospital work when end results must be appraised in order to accurately determine what is being accomplished. The patient must be followed to the home, to the farm, to the factory, to the office or elsewhere, thus checking up the results of hospitalization under new strain or environment. How the physical condition of the patient is standing up under the strain must be

Continued on next Page

estimated. By so doing the scientific accomplishments of the clinician can be better stabilized and many patients relieved of the necessity for further hospitalization. Again, through a proper, well-organized follow-up certain cases which should return can be brought back earlier for diagnosis and treatment.

I am therefore convinced that there is a place for the social worker in every hospital in the future as an effective factor in the administration of the institution, the aid of the doctor and the patient in diagnosis and treatment, as well as forming a desirable liaison between the hospital and the community.

Care of Special Types of Patients

There are three special groups of patients which must receive more attention in the future from the standpoint of hospitalization. These are the psychopathic, the chronic and incurable, and the convalescent. No progressive hospitalization scheme can overlook the proper care of these particular groups of every community. In future hospitalization better provision must be made for these patients.

It is universally recognized that there is the early mental or potentially mental patient who should go to the general hospital first for observation and diagnosis prior to being subjected to the supposed or alleged stigma of the mental hospital. Be that as it may, regardless of the sentimental side, it is essential that each case should have the advantage of a general hospital for group study and diagnosis as far as necessary. Here are available specialists in all lines, hence the growing custom of attaching psychopathic wards or pavilions to acute general hospitals where the patients may have the advantage of a wide range of consultants and diagnostic facilities. In the future I believe every hospital of 100 beds and over will make adequate provision for these cases, providing highly specialized personnel is available for this work.

It is a generally accepted principle that no longer is there a place for the chronic and incurable patient in the acute general hospital. These patients frequently occupy beds in hospitals which should be occupied by the more acute type of patient. Psychologically it is not mutually beneficial for chronic and acute cases to be treated in the same wards. It is desirable that provision be made for this group in a pavilion or separate building set aside for the purpose and where the patient may not only receive custodial, but also scientific care. The old custom of relegating these cases to custodial care is fortunately passing and in the future in making provision for them due recognition should be given to the scientific aspect of their care. It should be remembered that frequently the disease may be arrested in its progress and the symptoms relieved. These cases are also valuable for teaching and research purposes. Therefore, it behooves every community to solve this problem in a proper manner.

More and more attention will be given in the future to establishing of adequate convalescent hospitals. The care of the convalescent patient is now a matter worthy of special consideration not only from the standpoint of relieving occupied beds in the acute hospital, but also for the good of the patient. Convalescence requires scientific consideration. Convalescent hospitals with the necessary special facilities to promote the scientific convalescence of the patient should be a matter of careful consideration in the future hospitalization programme. Many hospitals have already taken steps in this direction.

It is important that the proper spirit actuates those charged with the responsibility of administering the future hospital and rendering service to the patient. Fine buildings, elaborate equipment, and expert personnel mean but little if the spirit of the institution is not right. A hospital charged at all times with so serious a responsibility as life and death must have a personnel competent in their respective fields and rendering a high-grade service, tempered with such qualities as tact, kindness, sympathy, interest, and other attributes of personality and character so much needed in their work.

The spirit of the future hospital should be that exemplified in "My Pledge and Creed," which has been adopted by a large number of hospitals. This pledge reads as follows:

> Reverently do I pledge myself to the wholehearted service of those whose care is intrusted to this hospital. To that end I will ever strive for skill in the fulfillment of my duties, holding secret whatsoever I may learn touching upon the lives of the sick.
>
> I acknowledge the dignity of the cure of disease and the safeguarding of health, in which no act is menial or inglorious.
>
> I will walk in upright faithfulness and obedience to those under whose guidance I am to work, and I pray for patience, kindliness, and understanding in the holy ministry to broken bodies.

Analyze your Hospital

All members of the staff or personnel of the hospital who have anything whatsoever to do with the patient, directly or indirectly, should subscribe to the spirit of this pledge. It should be displayed in prominent places throughout every standardized hospital to serve as a constant reminder to each member of the staff of his or her serious responsibility in the care of the patient.

This Ontario Hospital Association, growing rapidly in strength and in numbers, and having within its folds so many hospitals, is and will be a wonderful force in the betterment of hospital work in this province, and your influence will, without any effort on your part, extend beyond the confines of this province. You must work together. As was so well emphasized this morning by one of the speakers, you must all co-operate. There is another thing which should be kept in the foreground in regard to the hospitals, and that is your co-operation in your service towards the patient. If you analyze your own institution and your Association in terms of how well you can take care of the patient, and how well you can treat that patient, how soon you can get that patient well, and to what degree of health you can bring that patient before returning him to his usual walks of life—if you analyze your performance in terms of service to the patient, you cannot help but succeed.

PAUL OF AEGINA (625-690 A.D.) was an able surgeon and one of the foremost writers of the late Greek period. His *Epitome* gives the first description of eye surgery in antiquity and furnishes many interesting details on the use of sutures. Woolen threads were employed for suturing the eyelid, the ends being fastened to the forehead under tension with plasters. He suggests that "a medium be observed as to the consistence of the thread, for that which is too hard breaks the soft skin and that which is too soft is itself first broken".

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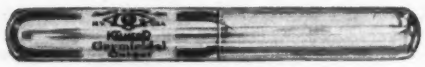

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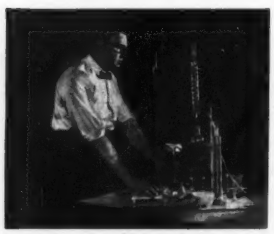

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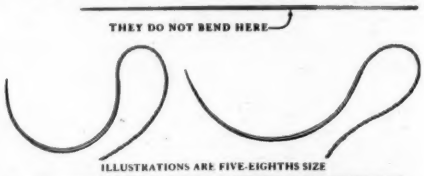

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370	NON-BOILABLE GRADE
380	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon
Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....$3.00
Less 20% on gross or more or $28.80, net, a gross

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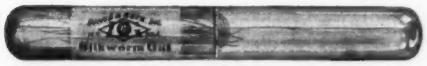
D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Unabsorbable Sutures



NO.		INCHES IN TUBE	SIZES
350	CELLULOID-LINEN	60	000, 00, 0
360	HORSEHAIR	168	00
390	WHITE SILKWORM GUT	84	00, 0, 1
400	BLACK SILKWORM GUT	84	00, 0, 1
450	WHITE TWISTED SILK	60	000 TO 3
460	BLACK TWISTED SILK	60	000, 0, 2
480	WHITE BRAIDED SILK	60	00, 0, 2, 4
490	BLACK BRAIDED SILK	60	00, 1, 4

BOILABLE

Package of 12 tubes of a size.....$3.00
Less 20% on gross or more or $28.80, net, a gross

Short Sutures for Minor Surgery

NO.		INCHES IN TUBE	SIZES
802	PLAIN KALMERID CATGUT	20	00, 0, 1, 2, 3
812	10-DAY KALMERID "	20	00, 0, 1, 2, 3
822	20-DAY KALMERID "	20	00, 0, 1, 2, 3
862	HORSEHAIR	56	00
872	WHITE SILKWORM GUT	28	0
882	WHITE TWISTED SILK	20	000, 0, 2
892	UMBILICAL TAPE	24	1/8-IN. WIDE

BOILABLE

Package of 12 tubes of a size.....$1.50
Less 20% on gross or more or $14.40, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON

NO.		INCHES IN TUBE	SIZES
904	PLAIN KALMERID CATGUT	20	00, 0, 1, 2, 3
914	10-DAY KALMERID "	20	00, 0, 1, 2, 3
924	20-DAY KALMERID "	20	00, 0, 1, 2, 3
964	HORSEHAIR	56	00
974	WHITE SILKWORM GUT	28	0
984	WHITE TWISTED SILK	20	000, 0, 2

BOILABLE

Package of 12 tubes of a size.....$2.40
Less 20% on gross or more or $23.04, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.

Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*

No. 650. Package of 12 tubes.....$3.60
Less 20% on gross or more or $34.56, net, a gross

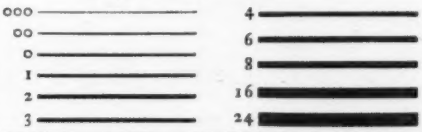
Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*

No. 600. Package of 12 tubes.....$3.00
Less 20% on gross or more or $28.80, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown



*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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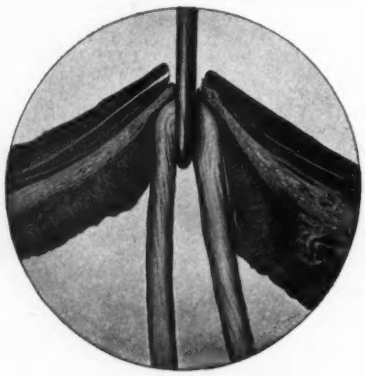
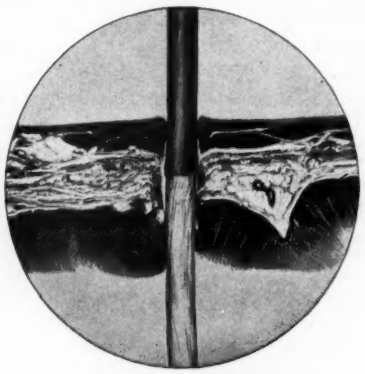
MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of 20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING

PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341.	A straight intestinal needle affixed to a 28-inch suture.....	$3.00
1342.	Two straight intestinal needles affixed to a 36-inch suture.....	3.60
1343.	A 3/8-circle intestinal needle affixed to a 28-inch suture.....	3.60
1345.	A half-circle intestinal needle affixed to a 28-inch suture.....	3.60

SIZES: 00..0..1

20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. ▿ 211-221 DUFFIELD STREET ▿ BROOKLYN, N.Y., U.S.A.

Survey of Hospital Fires and Fire Hazards Reveals Startling Facts

The danger of fire in hospitals, involving as it does both life and property, is something that should be guarded against by every means known to science, invention and common sense. The latter is perhaps more important than either of the other agents, because neither of them can be of avail unless administered with common sense. Due to the helpless or semi-helpless condition of the patients, fires in institutions present a much more serious situation than in houses, office buildings or other places of business.

An interesting study of statistics and fire hazards by Francis H. Sinex, a well-known fire insurance engineer, reveals facts and figures which are startling. In his report printed in Hospital Management, it is stated that twenty-three per cent. of reported hospital fires result in total destruction of the property, and that the average loss of life from fires in institutions as a whole is eight per cent. These facts challenge the hospital administrator and the fire insurance engineer to evolve ways and means of guarding life and property. Even small fires, while causing no property damage worth mentioning, are a source of nervous shock to the patients which retards their progress on the road to recovery.

According to the report, there are certain fire hazards which are more or less common to all hospitals, large and small, city and rural. Those which are pointed out are:

1. Electric wiring; improper use of lamp cord, wires hung on nails and pipe, short circuits caused by defective insulation and, worst of all, the strapped fuse and copper currency placed in the back of fuse plugs, a most vicious form of carelessness.

2. Storage of hazardous oils. Materials of this kind should not be stored in buildings housing patients, and, where practical, they should be stored in a properly ventilated detached fireproof or incombustible structure.

3. X-Ray films. The danger from X-Ray films is two-fold. They are easily ignited by a spark or spontaneous combustion; they burn with great intensity and give off dense clouds of suffocating fumes and smoke. Cases are on record of patients being suffocated by these fumes. For these reasons, special attention should be given this hazard, and recommendations covering the requirements of each hospital should be carried through when made by the fire inspector.

4. Cooking. The ranges and ovens in main kitchens are sometimes found poorly located on a wooden floor, without sufficient clear space from combustible partitions, and not equipped with proper vents. If possible, ranges should rest on fireproof floors, and be provided with metal hoods properly vented to the outside. Grease fires resulting from improperly arranged cooking devices are quick, intense and extremely difficult to extinguish.

5. Workshops. Frequently carpenter and paint shops are found in hospital buildings introducing the hazards of wood shavings, partly filled paint cans, paint and oil soaked rags, etc. These features are fire breeders and are reflected in higher insurance costs. They should be located in a detached building.

6. Drug Rooms. In some hospitals, dangerous chemicals and volatiles are sometimes found stored in drug rooms. They also should be stored in a well-ventilated detached structure.

7. Laundry. Dry rooms constructed of combustible material and electric irons not provided with pilot lights frequently cause fires. Where rotary type dryers are used, they should be provided with vents to the outside.

8. Disposal of Trash. Waste paper and other trash allowed to collect at bottom of trash chutes form a serious fire hazard. Such material should be removed to boiler house at a regular time each day, and burned.

9. Operating Room Hazards. Practically all forms of anesthesia gases by themselves, or mixed with other gases, are dangerous. Even when handled or administered by trained anesthetists, serious

Continued on next Page

Survey of Hospital Fires and Fire Hazards Reveals Startling Facts

Continued from Page 25

accidents resulting in life and property loss sometimes occur. Such fires are caused by static sparks or sparks from electric cauteries, fluoroscopic apparatus, wall switches, sockets, open flames and from ether spilled on motors of suction apparatus.

In connection with this last fire hazard, it is interesting to note that a large Indiana hospital is soon to comply with the latest in fire prevention ideas. All anesthesia gases will be stored at a detached location, and piped into the operating rooms. Motors will be operated by compressed air and all electric connections will be of the vapour-proof type.

The modern tendency to build nothing but fireproof buildings, and to locate all shops, store rooms, launderies and other service departments at a distance, is encouraging. The frame and brick-veneered buildings which are still extant present the maximum of fire hazard, and the quicker the community can be made to realize the dangers that lurk within their institution, the quicker will modern hospitals take their place. The beauty of wood panelling must be sacrificed in the interests of safety, and it is not an uncommon thing for hospitals, which are otherwise up-to-date in their construction, to believe their buildings safe despite the thousands of feet of lumber which year by year becomes more mellow and less fire resistant.

Sprinkler Systems Effective

Where the community must of necessity worry along with the frame or brick hospital, the well-maintained automatic sprinkler system is the most scientific and efficient safeguard. These sprinkler heads are brought into action instantly by the resulting heat from fire, and automatically bring into play a stream of water at the source of the fire. Over and above that, it is recommended that hospitals have conveniently-placed stand pipes with fire hose attached and an adequate number of chemical fire extinguishers. The quick action of the latter is responsible for the extinguishing of incipient fires, which, if they had been allowed to burst into flame, would have taken their toll in life and property. The 1¼-gallon to 1¾-gallon type are recommended, as they may be operated by the nurses more effectively than the larger and heavier types. All operating rooms should be provided with a chemical fire extinguisher which is no farther away than the arm's reach, for operating room fires call for instant action. All nurses, attendants and general help should be instructed in the location and discharge of these extinguishers, for the loss of a moment and a bungling attempt may spell disaster of the worst kind. The night watchman is almost a necessity, as the minimum of staff are on duty at night, and fires may start in places where no person enters in the ordinary course of events. A well-supervised fire brigade is indispensable especially if the building presents more than the usual fire hazards, or if it is at some distance from the fire stations. In outlying districts,

Portrait by Milne Studio

MR. R. J. LEACH
Pharmacist
Toronto East General Hospital

where the fire fighting equipment is a minus quantity, the hospital must look within its own doors for protection in case of fire. It is with great thanks that we should remember that most hospitals are within distance of outside and organized help, for public fire protection is the first line defence against fire. Where this is available, a fire alarm box should be conveniently placed near the building, with private station fire alarm boxes throughout the building connected to the master box outside.

What of egress facilities? It is astonishing to find that many lives are lost primarily because egress facilities are lacking. Generally speaking, there should be two sure means of egress from each hospital section, elevator and stair openings properly enclosed, and all places of egress should be indicated by illuminated exit signs.

The recent disaster at the Cleveland Clinic should prove a great incentive to see that the foregoing will receive the attention and thought that it should provoke. Many theories are advanced as to its cause, and it is a matter of conjecture whether or not the exact cause will be determined, since many contributing factors seem to be involved. One thing is known, and that is that a fire and explosion caused the deaths of over a hundred and twenty-five persons, many of them doctors and nurses whose lives would have continued to be dedicated to the cause of humanity had they not met with an untimely death. It is more reasonable to believe that the disaster was preventable than otherwise, and if preventable, it

behooves every hospital administrator to give the situation in his own hospital minute and immediate attention.

It may be that legislation in Canada will eventually eliminate the fire hazard from X-Ray films at least.

Fire Chief Russell of Toronto states that for the last four years preventive measures in hospitals have been promulgated, but that only moral suasion seems to be of avail. Four years ago the department made an exhaustive study of the conditions prevailing, and since then inspectors have been successful in having hospitals erect separate buildings for the storage of X-Ray films. Legislation enforcing the necessary precautions seems to be favoured by many whose opinion carries weight. In the meantime, the common sense of the hospital administrators seems to be the solution, which, coupled with adequate fire fighting apparatus, and instruction in their use, may prevent a repetition of the Cleveland disaster.

Montreal Faces Hospital Crisis

A serious situation that has been threatening Montreal for some time seems to have arrived, as was evidenced at the One Hundred and Seventh Annual Meeting of the Montreal General Hospital. It was reported that from 25 to 30 patients daily are refused admission to the hospital's public wards. Not only, it is said, is accommodation insufficient but funds are low for the purchase of radium and the latest equipment.

Suggestions for Summer Bedding

The advantage of three sheets instead of two sheets and a quilt for summer bedding was first discovered, it is said, in a hospital. The problem of summer bedding entails three considerations: coolness, comfort, and the maintenance of an even temperature to provide against chills. It has been found that the use of three sheets solves the problem, one being used in the usual manner, the other two as covering. Scientifically this scheme is sound, for the still air between the two upper sheets acts as an insulator against sudden temperature changes which bring on stubborn summer colds. In addition, the bothersome weight and stuffiness of heavier clothing is done away with.

Appoint a Travelling Dietitian

Miss A. Langley of Regina is the first travelling dietitian to be appointed by the Saskatchewan Government. The necessity for such officials is becoming more and more evident, and the first appointee fills a long-felt need. Her duties are mainly in connection with the Union and rural hospitals whose stipends do not permit of a full-time dietitian. In addition she is brought into contact with the Home Maker bodies in the province, to whom she is able to give useful information on scientific diets both for the patient and the person of good health. The lunch box of the country school child was something that she has been attempting to study and improve. Discussing work in the hospitals, Miss Langley said that it was rather disappointing to train the staff and introduce innovations, and then go back only to find that the staff had changed in the meantime and the work made necessary again.

Comfort and Ease of Patient Studied in Grey Nuns' Hospital, Regina

Embodying within its walls every facility for the provision of an atmosphere which is akin to the comforts of an apartment hotel rather than a refuge of sickness, the new extension to the Grey Nuns' Hospital is considered to be one of the finest structures of its kind in the West.

As it is to be utilized in the main for the care of patients able to afford private rooms, provision has been made for the inclusion of features hitherto unknown in Regina. Each room has its suite of furniture with hospital beds to match. Tasty colour schemes are carried out in decoration. A hanging bowl light with tinted glass pendants casts a diffused light over the rooms, which are variously done in blues, browns and delicate pinks.

Each room has its own toilet requisites, including bath, and the fixtures are decorated in rich enamel. At the bedside there is the latest creation in bed-side tables. A revolving shelf is supported on the table and is made to swing just clear of the bed, enabling the patient to take food without the necessity of reaching to one side. On the table also is a reading lamp with a flexible neck which can be adjusted at will. Its chain switch provides for both dim and full lights.

Mahogany dressers, writing tables, visiting chairs and armchairs are placed handy for the convalescent or visitor. Two cranks tucked away beneath a Simmons' bed, raise or lower the foot or head without disturbance, so smoothly does the system of pulleys work. Patients may have private telephones in their rooms as switch plugs have been installed and connect up with the exchange on the first floor.

In all there are forty-two rooms in the new east extension. Three-quarters of these are private and the remainder semi-private. The third floor is already in operation and has its quota of patients.

Throughout the whole scene in the new wing with its workmen and attendants busy in making ready for the sick, move the kindly, quiet forms of the Sisters of the Order of Grey Nuns. This year has been a banner one for them. Not only have they received a new wing for the hospital around which their lives centre, but also a new nurses' home which will accommodate more than forty nurses and sisters.

In addition the Order has built for them a new power house which, with its two 200-horse-power boilers, is capable of heating the hospital and its subordinate buildings to any temperature.

Other improvements are noticeable in the main body of the hospital. Instead of the former wood flooring there is now a terra cotta floor laid throughout over whose smooth surface slide silently along the wheeled carriages carrying patients. Extensive redecorating has been carried on. Quarters of the biological laboratory wherein disease germs are cultivated and examined have been enlarged. New equipment has replaced much of the old where medical

Continued on page 41

Grey Nuns' Hospital, Regina

The Lazaretto at Tracadie, N.B., Administered by the Sisters of St. Martha

HISTORICAL SKETCH BY A SISTER OF ST. MARTHA

The Sisters of the Hotel Dieu of St. Joseph play a very important role in the early history of Canada. Whilst their great pioneer work for this country excels that of many statesmen and politicians whose names appear in large letters on many pages of history, these devoted women continue their splendid work of helpfulness throughout this vast North American continent. To speak of the Hotel Dieu of St. Joseph is to evoke a past replete with hallowed memories, humble yet glorious, a past that is little noted by the world but written in golden letters by the recording Angel.

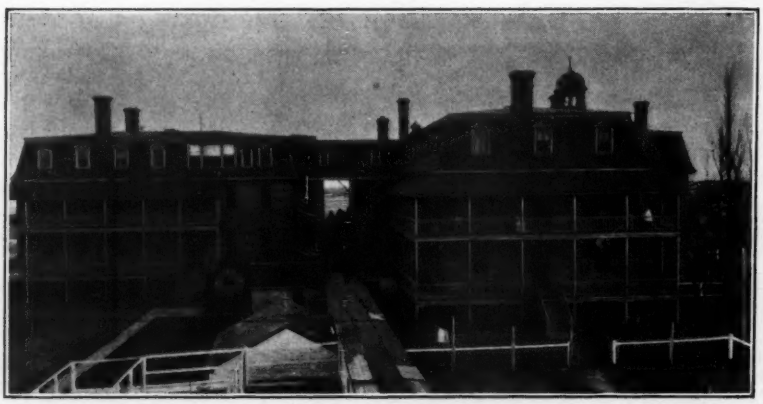
It is in the great wide field of hospital work that the Hotel Dieu nuns have distinguished themselves. When the wave of standardization sponsored by the American College of Surgeons swept over the continent, their hospitals were amongst the first in Eastern Canada to measure up to standard requirements. However, their self-sacrificing devotedness to duty is perhaps better shown in their work for lepers in Tracadie, N.B.

A variety of opinions exist as to how leprosy made its first appearance in New Brunswick, but the most commonly accepted theory is that sailors who were aboard a French vessel from Morlaix which was shipwrecked at the mouth of the Miramichi River early in the winter of 1758 spread the disease. This supposition is verified by the fact that this same boat—the "Indienne" had been carrying on trade with the Levant, where from the earliest ages of civilization, the inhabitants had been infected with leprosy. The sailors aboard the "Indienne" were kindly cared for by the good people along the shores of the Miramichi, and thus the disease was spread.

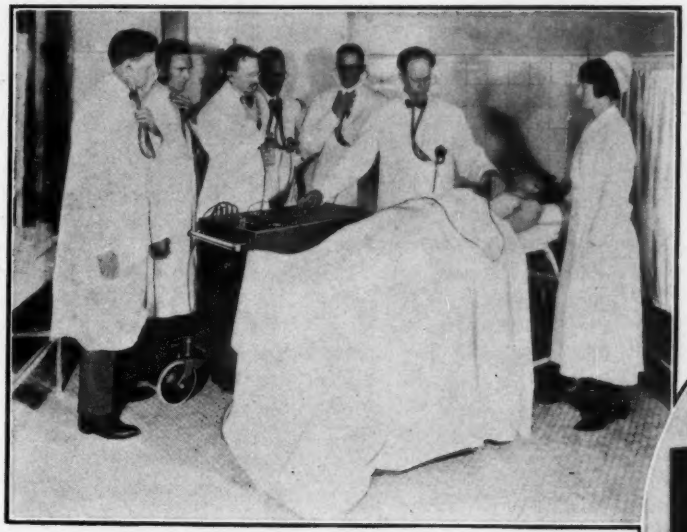
It was not till the year 1844 that the Provincial Government become awakened to the fact that some of the people were infected with leprosy, especially in the counties of Gloucester and Northumberland. A medical commission was appointed to make enquiry into the character of this loathsome disease and report on the means of lessening its ravages. Upon the repeated demands made by Father Lafrance, a devoted priest who was much interested, a pest house was built on the Sheldrake Island in Miramichi Bay, eight miles from Chatham. This helped to check the progress of the disease, but it was far from providing comfort for the poor sufferers. Whilst due credit is given to the Provincial Government of the time for its generosity towards the lepers, yet it is regrettable that the body of men which it invested with its authority to manage the affairs of this leper colony were lacking in a true sense of their obligations, and the poor sufferers were doomed to great misery. However, no institution is perfect in the beginning, and the rude wooden structure of 1844 paved the way to better things.

In the meantime, the lepers who were thus segregated in this pest house remained helpless and hopeless, and their sad story can never be adequately told. Their paid attendants who even at that time had the instincts of our modern "safety first" rendered only such service as could be ministered without danger to themselves. Doctors seldom visited the place, and the laws of cleanliness and sanitation were sadly ignored. Thus, these poor unfortunates rotted away, with few to pity them, except the kindly priest, their sole visitor, whose tender heart went out to this afflicted portion of his flock. Through his efforts, a new building was erected in Tracadie,

Continued on Page 39



Hotel Dieu at Tracadie, N.B.



Accurate Diagnosis

The No. 1-A Electrical Stethoscope emphasizes only those sounds to which the doctor desires to listen. This makes it capable of giving you valuable evidence in cases where the natural limitations of the Standard Acoustic Stethoscope are inadequate.

The important development of this electrical Stethoscope is a special vacuum tube amplifier. This allows a practically distortionless reproduction over the entire range of frequencies in auscultations. The special electro-magnetic detector eliminates the difficulties inherent in the reproduction by carbon microphones. The electrical filter suppresses all sounds outside the band of frequencies to which you desire to listen.

For colleges and large medical conventions this Stethoscope is invaluable. It has ample power to permit attaching to it a large number of receivers.

For further information on the No. 1-A Electrical Stethoscope write to the Research Products Department at 637 Craig Street West, Montreal.

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Please refer to THE CANADIAN HOSPITAL when writing

News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, and Personal News of Hospital Workers.

Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.

EDMONTON, ALTA.—The University Hospital will henceforth be under the direction of a board recently appointed by the Provincial Government. The personnel of the governing body comprises the following: Dr. R. C. Wallace, President of the University of Alberta; Dr. A. C. Rankin, Dean of the University Medical School; Dr. M. R. Bow, Deputy Minister of Health; W. B. Milne, Deputy Minister of Health; H. H. Cooper, wholesale merchant, and John Gillespie, grain broker.

* * *

ELROSE, SASK.—Miss Hagerman of Saskatoon has joined the staff of the hospital at Elrose, Sask.

* * *

GUELPH, ONT.—Miss N. J. Cook, Assistant Supervisor at the General Hospital, has left the staff of that institution, and before doing so was the recipient of a silver tea service as a mark of appreciation from the staff.

* * *

HALIFAX, N.S.—Miss Mary Hayden has accepted a position on the public health nursing staff of the State of Maine. For several years she occupied a similar position on the Halifax Health Commission. She was one of the first nurses to take the public health nursing course at Dalhousie University.

* * *

HAMILTON, ONT.—Dr. Elliott N. Ballantyne, instructor in anatomy at the University of Western Ontario, has been appointed pathologist at St. Joseph's Hospital, Hamilton.

* * *

HARBOUR VIEW, N.S.—Miss Rhoda MacDonald who recently graduated from the Glace Bay Hospital has accepted a position on the staff of the Harbour View Hospital.

* * *

HARBOUR VIEW, N.S.—Miss Mae Robertson has resigned from the nursing staff of the Harbour View Hospital after five years' service. On April 15th, she entered upon her duties at the City Hospital, Sydney, N.S.

* * *

HIGH RIVER, ALTA.—The Municipal Hospital Board have appointed Miss Florence M. Harrison of Winnipeg as successor to Miss Macleod. Miss Harrison is already installed as superintendent.

KINGSTON, ONT.—Dr. Presley A. McLeod, one of Kingston's specialists in obstetrics, has gone to New York City where he will be resident in obstetrics in the Women's Hospital, with the rank of attending surgeon, for the next six months. Dr. McLeod is a graduate of Queen's University, on whose staff he has been since last fall. He was also on the staff of the Kingston General Hospital. It is expected that he will return to Kingston next October to resume his practice and staff appointment at Queen's.

* * *

MOOSE JAW, SASK.—Dr. J. W. Clark, formerly physician at Bienfait, has assumed his new duties as house doctor at the Moose Jaw General Hospital. He succeeds Dr. J. G. Toombs, who has left Moose Jaw after a year's interne work, to open a private practice.

MANNVILLE, ALTA.—The resignation of Miss Oyama of the nursing staff of the Mannville Hospital was recently accepted. Mrs. Douglas Puffer of New Dayton, Alberta, has been appointed to take her place.

* * *

MISSION, B.C.—Miss Ethel Thornton, matron of the Lady Minto Hospital, Ganges, B.C., has been appointed matron of Mission Hospital to succeed Mrs. Annie Mathieson. This hospital will render any medical aid that is required from the construction camp employing from 300 to 400 men, which is eight miles from Mission.

* * *

MONTREAL, QUE.—The following medical appointments have been made to the Royal Victoria Hospital:

Associate in the Department of Oto-Laryngology: Dr. Keith O. Hutchison, Dr. G. E. Tremble, Dr. W. J. McNally.

Associate in Surgery: Dr. John Armour.

Associate in Neurological Surgery: Dr. W. V. Cone.

Clinical Assistant in the Department of Medicine: sub-department of Pediatrics: Dr. Aubrey K. Geddes.

Clinical Assistant in the Department of Obstetrics and Gynaecology: Dr. J. P. Kearns.

Clinical Assistant in the Department of Roentgenology: Dr. J. C. Lanthier.

Chairman of the Medical Board: Dr. W. F. Hamilton.

Secretary of the Medical Board: Dr. J. C. Meakins.

Auditor: Lewis Branscombe, C.A.

* * *

MONTREAL, QUE.—The board of governors of the Royal Victoria Hospital, Montreal, have appointed Sir Herbert Holt, president, to succeed the late Sir Vincent Meredith. Lord Atholstan and T. B. MacCaulay were appointed governors.

* * *

ORILLIA, ONT.—The members and staff of the Ontario Hospital recently made a presentation to Mrs. M. Woodside on the occasion of her superannuation, which terminated seventeen years of service to the institution.

* * *

OTTAWA, ONT.—Of interest to Ottawa hospital people is the appointment of Dr. J. E. Belanger to the assistant superintendency of the Hall-Brooks Sanitarium at Westport, near New York City. Dr. Belanger was formerly camp physician for the Fraser Brace Engineering Co. at Paugan Falls. He is a graduate of the University of Montreal.

* * *

OWEN SOUND, ONT.—The nursing and medical staff of the General and Marine Hospital have lost a valuable member fo their staff in the person of Mrs. L. Dudgeon, who has resigned from the hospital. A delightful party was arranged in her honour before her departure.

News of Hospitals and Staffs

Continued from Page 35

PICTOU, N.S.—Dr. Donald R. Webster of Pictou has been appointed director of experimental surgery at McGill University, Montreal. The post carries with it an appointment at the Royal Victoria Hospital.

* * *

QUEBEC, QUE.—The following were elected to office by the Catholic Association of Registered Nurses: President, Nurse Mercure of the St. Michel Archangel Hospital; Vice-President, Nurse Gaucheau-Bernier of the Infant Jesus Hospital; Secretary, Nurse Blanche Garneau of the St. Francois d'Assise Hospital.

* * *

REGINA, SASK.—Dr. Robert C. Riley has been appointed director of laboratory of the Regina General Hospital. Dr. Riley was pathologist at St. Joseph's Hospital, Hamilton, Ont., for the past two years.

* * *

REGINA, SASK.—Miss Ruby Simpson, of Regina, was elected president of the Saskatchewan Registered Nurses' Association for the coming year. Miss Simpson will also be the delegate to the Public Health Section at the International Convention in Montreal in July.

* * *

REGINA, SASK.—Miss Reta Hockin, a graduate of the Brantford General Hospital, has joined the staff of the Regina General Hospital.

* * *

REGINA, SASK.—Miss Muriel Taylor has returned to Regina after a year spent in Montreal where she took post-graduate work in the Royal Victoria Hospital, and was later on the staff of the Women's General Hospital of that city.

* * *

SAINT JOHN, N.B.—The Saint John Tuberculosis Hospital Board have voted to affiliate with the New Brunswick Hospital Association and have named the following as its representatives on that body: Mrs. E. Atherton Smith, Dr. S. H. McDonald and Dr. H. A. Farris.

* * *

SYDNEY, N.S.—Sister Mary Rita has been appointed acting superintendent of St. Joseph's Hospital as a result of the transference of Sister Frances Teresa to Lethbridge, where she will superintend the opening of a new hospital.

* * *

STRATHROY, ONT.—Miss Edna Demaray of Toronto has been appointed dietitian at the Strathroy Hospital, and assumed her new duties on May 1st. Miss Demaray is a daughter of Dr. A. F. Demaray of Toronto.

* * *

TORONTO, ONT.—Dr. W. Warner Jones has been elected President of the Academy of Medicine of Toronto.

Red Cross Coach to be Replaced by Outpost Hospital

The municipality of Kakabeka Falls, Ontario, will soon have an outpost hospital to take the place of the Red Cross Coach now in use. A little over a year ago, this miniature hospital on wheels, loaned by the Canadian National Railway, came to Kakabeka Falls. The nurse in charge, carried on a Generalized Public Health Programme, throughout the surrounding district. Among her duties were the care of patients in the coach, bedside nursing in the homes of the district, giving advice where necessary, and emergency dressings in accident cases. Last November, the people of Kakabeka Falls decided that they would benefit by a permanent service, and as a result, a local branch of the Canadian Red Cross Society was organized.

Plans were formulated for the construction of the outpost hospital, and funds were raised by concerts, dances, afternoon teas and other social gather-

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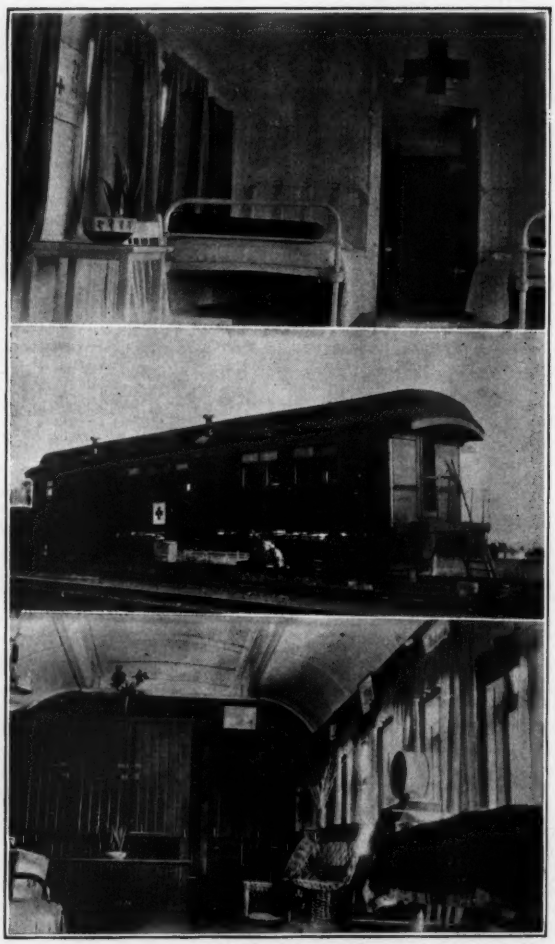

Red Cross Hospital Car, at present located at Kakabeka Falls, Ont. The hospital room is well equipped, and the living quarters boast a radio.

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ings. Surrounding townships donated sums of money, and the Kaministiquia Power Company have promised a substantial donation. When construction and furnishing of the outpost are completed, the Ontario Division of the Red Cross Society will maintain it.

Their Excellencies, the Governor-General and Lady Willingdon recently visited the Red Cross Coach, and on the occasion of their visit, the Red Cross flag was raised on the site of the new hospital.

The property is the gift of the local branch of the Society.

The hospital on wheels now in use is an exact replica of a hospital ward, and boasts the necessary equipment to function thoroughly. Walls and ceiling are painted white, as is also the furniture. Colour is supplied by window hangings, potted plants and a few well chosen pictures. A radio keeps the nurse and the patients in touch with the outside world. When it has served its purpose at Kakabeka Falls it will be removed to another location where it will introduce the first principles of hospital work.

Hospital Problems in Cities and Large Towns

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pal and government contributions, want to buy more health service for a dollar, they can get it just the same as they can benefit from large-scale co-operation in buying and selling in other enterprises.

There is no reason why separate social organizations could not maintain sufficient identity even if they combined as part of such a medical health centre.

There would be tremendous gains from central heating, centralized garage and aeroplane parking facilities, co-operative purchasing benefits, scientific consultation and technical services, avoidance of unnecessary duplication of equipment and effort, joint research facilities, etc., etc.

One of the most needed developments from such an undertaking would be the public backing of a real public institution, freed from the accusation of jealousies and incompetent private administrations, such as now frequently hinder many sincere and efficient workers, who are devoting their lives in hospital service to their less fortunate fellow beings.

As the actual bed accommodation in such a diagnostic or health centre would naturally be strictly limited, such services will be supplemented by providing bed accommodation in allied or associated hospitals situated on the outskirts of the city, and convalescent patients may even be cared for by mutual arrangement with smaller hospitals further afield.

Arrangements of that kind together with out-patient and emergency departments located at conveniently accessible parts of the city will probably round out the requirements of the comparatively near future.

Where cases are more or less custodial, as are many of the chronic incurable and mental cases, the provision of hospital beds in the congested areas of cities or towns is an economic waste.

The Lazaretto at Tracadie, N.B., Administered by Sisters of St. Martha

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N.B., a short distance from his church and parochial residence. It was a low, rudely constructed building and surrounded by a high, iron spiked fence, which shut off the view of land and water. The lepers were transferred here on July 25th, 1849. With all its prison-like gloominess, this afforded them better living conditions than they had yet known. The Board of Health appointed Dr. Labillios, a young and clever physician, who had made a particular study of leprosy, in charge of the patients. For three years he devoted himself indefatigably to their care and there are documents extant to-day to show that he wrought immense good in the hospital.

The fall of 1852 was marked by two misfortunes for the lepers. Dr. Labillios, whose eminent services meant so much to them, left for Dalhousie and his departure was sincerely mourned with good reason. Soon afterwards, on September 9th, 1852, the hospital was reduced to ashes and it was too late in the fall to think of reconstruction. A temporary building afforded shelter during the winter months but it was far from comfortable. Dr. Nicholson succeeded Dr. Labillios, and his untiring devotion and skilled care brought a ray of comfort to this desolate home of suffering. In 1865 he was replaced by Dr. A. C. Smith, who capably filled this office till his death in 1909.

In 1860, The Right Reverend James Rogers, Bishop of Chatham, visited the Lazaretto for the first time and his kind heart went out to the sufferers. This visit proved to be the dawn of a new day in the history of the province, for the zealous Bishop decided there and then to confide the care of the lepers to the Religious Hospitallers of St. Joseph.

It was on September 9th, 1868, that the Sisters arrived in Tracadie and were received with manifestations of joy which found full expression only when the warm-hearted inhabitants assembled in the church to sing the Te Deum. On the following day this little band of zealous pioneers set resolutely to work in a united effort to better conditions at the Lazaretto. There was ample room for improvement for one cannot imagine to-day, much less write, the revolting state of this filthy abode of misery and death, but these noble women set themselves energetically to tasks that were indeed revolting to poor human nature.

Here, as elsewhere, the Sisters of the Hotel Dieu proved themselves the true spiritual daughters of Jean Mance. Fearless and dauntless they took charge of these poor desolate creatures and brought order and cleanliness into this abode of terror and sorrow. They washed the bandages, dressed carefully the dropping limbs without the faintest sign of repugnance or disgust, for they remembered the words of the Master: "As you did it unto the least of these, you did it unto Me."

Perhaps the greatest miracle of all is that amidst poverty and want, without accessories or conveniences with the miserable surroundings and unsanitary

conditions under which they laboured, not one Sister ever contracted the disease.

The first year which the Hotel Dieu Sisters spent in Tracadie was marked by hard work, discomforts and rigorous poverty. The Government did not offer any assistance during this first year, but in response to the call of their pastors, the generous Acadian farmers gave splendid assistance with large supplies of produce and by their labour.

At the end of the first year, the Sisters' work was happily recognized and the Provincial Government gave some assistance. In 1880, through the persevering efforts of Dr. Tache, who was at that time professor at Laval University and Deputy Minister of Agriculture, the Federal Government took the institution under its care, and from that day it has provided the very best of everything for the poor lepers. Henceforth the Sisters became sole administrators of the hospital, and no one ever had reason to regret the fact. In 1894 the Federal Government decided to erect a new building which would afford comfortable quarters for the inmates. This structure of stone was built at a little distance from the old one and the patients were removed here in the spring of 1896. Unquestionably this building does credit to the Government that constructed it. The site is an ideal one commanding a magnificent view of Tracadie Bay separated from the Gulf of St. Lawrence by a narrow beach which is fringed by the white lacy foams of the sea into which the two rivers wind their way, and between their mouths run the stretch of land whereon stands the Lazaretto.

The interior of the hospital is well arranged and the wards are spacious, well lighted and splendidly ventilated. The lepers find here order, comfort, cleanliness, good food and recreation. They are allowed to stroll through the lovely fields around the hospital and enjoy such amusements as can be safely provided. Those who are able may be seen fishing and hunting on the shores of the Bay, and strains of music may be heard within the walls as well as in the adjoining gardens where they may be often found on a summer's evening, singing their national or patriotic songs. The comforts of religion are theirs to the full, and their thoughts are directed to the great end which is drawing near for most of them.

Owing to the splendid sanitary conditions, and the cleanliness with which they are surrounded, the nutritious food provided for the patients and the excellent care they receive, the disease is diminishing rapidly and the remaining few pass their days comparatively happy, preparing devoutly and hopefully for the end. Perhaps many happy-go-lucky worldlings might well envy the lot of the lepers at Tracadie, New Brunswick.

WOLFVILLE, N.S.—The Westwood Hospital at Wolfville will not be closed as was formerly reported, but has been rented for another year pending the building of the new hospital, and will be operated as a general hospital under the direction of a committee. Necessary equipment will be added to render the services more efficient. The site of the new hospital will be decided upon in the near future.

Comfort and Ease of Patient Studied in Grey Nuns' Hospital, Regina

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tests can be carried out and where anti-toxins, which aid so much in the fighting of disease, can be prepared.

Along the front of each floor in the new wing, porches have been constructed which are heated and glassed in the whole of their length. It is here that convalescent patients will be able to rest while watching the outside world and receiving visitors. With the exception that it is composed mostly of private wards, the new wing is a duplicate construction of its neighbour on the opposite side.

The power house itself is thirty-six by fifty feet in surface dimension and some twenty-five feet in height. Its two boilers are fed by automatic chain stokers which ensure a steady service to maintain the average 100-pound pressure. The steam sent out at very high pressure from the boilers which stand twenty feet in height, checked by vacuum control. Its pressure may be reduced to zero by means of hand valves.

Twenty-one thousand feet of radiation are supplied by these mammoth boilers. A feed pump system is used. Vacuum pressure draws back the condensed steam into the boilers for further use. An extensive system of heat reflectors makes available extensive economy in the use of coal and rigorous weather requires scarcely more firing than is customary for normal temperatures.

One room, almost forty feet square, is in preparation in the basement for the installation of laundry equipment. Besides the old machines, $10,000 worth of new devices have been purchased which not only lighten manual labour, but also enable a thorough sterilization of the linen. Purchasing of the new laundry equipment became necessary when the new wing was built.

The nurses' and sisters' new home is, too, a replica of its sister building which lies alongside the hospital proper. Beside its forty individual rooms, furnished in domestic style, there are reception and study rooms on the ground floor. Throughout the ground floor there is a system of folding doors which enables the whole to be used as a reception hall when necessary.

Started in 1907

The hospital was first begun in 1907, when Sisters Duffin and Wagner arrived from the headquarters of the Order in Montreal to commence their mission of mercy in Regina. The first hospital was a frame building on Angus Street. Its cramped quarters provided the Sisters with anxiety over the placement of their patients.

In 1911 the Order decided that the growth of the institution in Regina merited the expenditure of further funds to meet the needs of the community, accordingly the present structure was begun with the main administration building and its west wing. During the same year a training school was opened and the first class graduated in 1912.

Since that time a number of nurses have received their training in the Grey Nuns' Hospital. In 1911 the number of Sisters had increased from three to six. To-day there are twenty-three Sisters and eighty-five nurses in training, also several staff graduates.

Classified Department

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New Wing of St. Catharines General Hospital Formally Opened

Continued from page 16

examination of the patient, and gives adequate general lighting.

Complete new equipment renders the X-Ray department modern in every way. A cystoscopic, a fluoroscopic, a radiographic and a developing room comprise the main section. Along the corridor are the waiting rooms, physiotherapy, laboratory and record room. Dr. G. T. Zumstein is in charge of these departments as full time radiologist and pathologist.

A new kitchen was built last year and was ready for occupancy in June. All food service is centralized. The recent building programme called for dining rooms and these are in close proximity to the kitchen. All refrigeration is electrical and controlled from the central ice plant installed at the same time as the kitchen. The laundry and heating plant were built several years ago with the proposed present additions in mind. In this way, ability to perform the extra work incumbent on the increased bed capacity was assured, and no further changes were necessary.

On the right of the main entrance to the Administration Building are the information and business offices, while on the left are the superintendent's and assistant superintendent's offices, and a spacious and artistic public waiting room. This extends across the width of the building at the back, and overlooks the courtyard and the driveway between the two buildings.

The Board of Governors hope to establish a community Health Centre at the hospital in the near future, and additions to the present clinics are also contemplated. Suitable and available space is provided in the old children's ward, to which renovations will be made in accordance with this plan.

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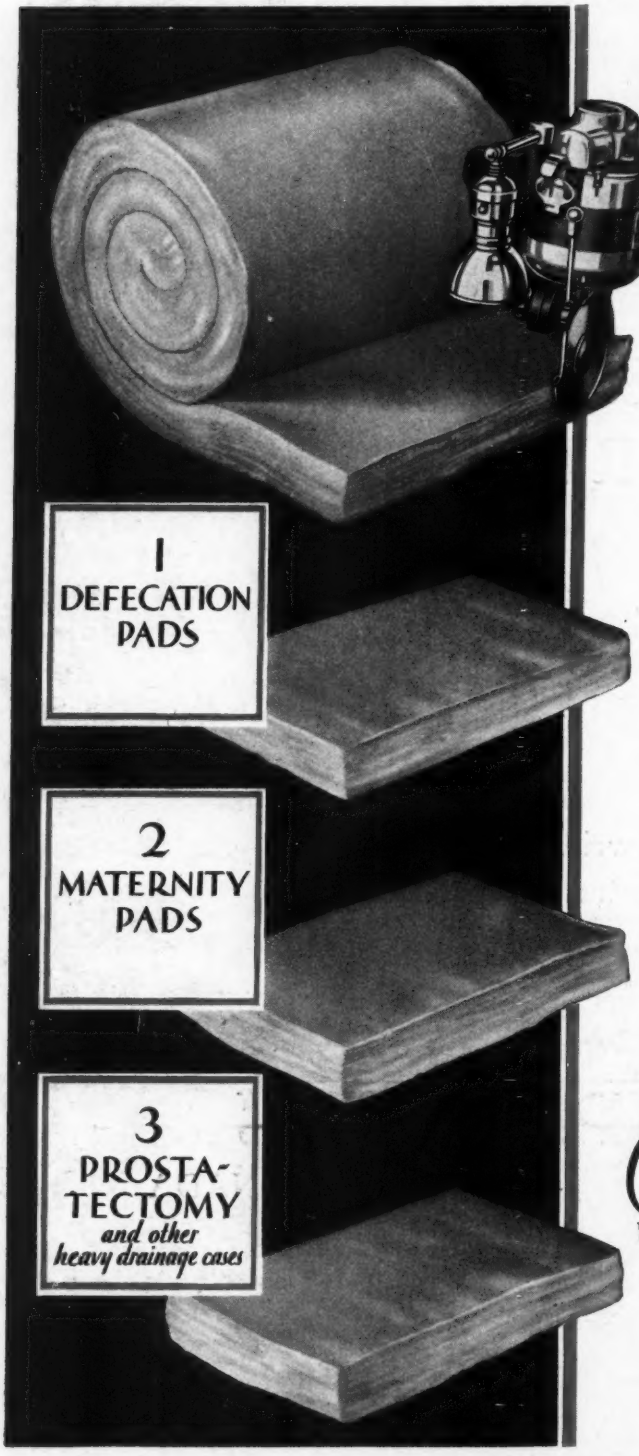

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